	Form C-103
Submit One Copy To Appropriate District Office District I  State of New Mexico Energy, Minerals and Natural Resources	Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-025-07805  5. Indicate Type of Lease
District III 1220 South St. Francis Dr.	STATE FEE S
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	015824
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Skaggs Grayburg Unit
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other - Injection HOBBS OC	8. Well Number 21
2. Name of Operator	9. OGRID Number
Burgundy Oil & Gas of New Mexico, Inc.	003044
3. Address of Operator	10. Pool name or Wildcat
401 W. Texas Ave., Suite 1003 Midland, TX 79701	Skaggs; Grayburg
4. Well Location RECEIVED	
Unit Letter E: 1980 feet from the North line and 660 feet from the West line	/
Section <u>18</u> Township <u>20S</u> Range <u>38E</u> NMPM County <u>Lea</u>	A CONTRACTOR OF THE PARTY OF TH
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3567' KB	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other D	ata
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRIP  PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT	LLING OPNS. P AND A
OTHER:	adular OCD increation after DSA
OTHER:  All pits have been remediated in compliance with OCD rules and the terms of the Oper	ady for OCD inspection after P&A
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.	
A steel marker at least 4" in diameter and at least 4' above ground level has been set in	
OPEDATOR NAME A FACE NAME WELL NUMBER ADDITION OF	A PETER OUT A PETER A OCATION OF
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QU	ARTER/QUARTER LUCATION OR
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